|              | FA-PM-91-4 (BPD     | )            | SUPPLEMENT 2 TO ATTACHMENT 2.6-A    |
|--------------|---------------------|--------------|-------------------------------------|
| Auc          |                     |              | OMB No.: 0938-                      |
| S            | STATE PLAN UNDER TI | TTLE XIX OF  | THE SOCIAL SECURITY ACT             |
| Sta          | te:                 | GEORGI       | Α                                   |
|              |                     | RESOURCE LE  | VELS                                |
| A. CATEGORIO | CALLY NEEDY GROUPS  | WITH INCOM   | ES RELATED TO FEDERAL POVERTY LEVEL |
| 1. Pregna    | nt Women            |              |                                     |
| a. <u>Ma</u> | ndatory Groups      |              |                                     |
|              | Same as SSI res     | ources level | ls.                                 |
|              | Less restrictive    | e than SSI i | resource levels and is as follows:  |
| 1            | Family Size         | Resource     | <u>Level</u>                        |
|              | 1                   |              |                                     |
|              | 2                   |              |                                     |
| b. Opt       | tional Groups       |              |                                     |
| <u></u>      | Same as SSI reso    | ources level | .s.                                 |
| _7           | Less restrictive    | e than SSI r | esource levels and is as follows:   |
| <u> </u>     | Family Size         | Resource     | Level                               |
|              | 1                   |              |                                     |
|              | 2                   |              |                                     |
|              |                     |              |                                     |
|              |                     |              |                                     |
|              |                     |              |                                     |
| THE STAT     | E WILL NOT IMPOS    | E A RESOL    | IRCE LIMIT FOR THIS GROUP.          |
|              |                     |              |                                     |
| TN No. 91-3  |                     |              |                                     |
| Supersedes   | Approval Date       | 12-18-       | -91 Effective Date 10-1-91          |
| TN No89-     |                     |              |                                     |

HCFA ID:

7985E

| vision:      | AUGUST  | 1991<br>1991 | (BPL     | ')       |         | Page 2<br>OMB No.: |          | ATTACHM | ENT .2.6-7 |
|--------------|---------|--------------|----------|----------|---------|--------------------|----------|---------|------------|
|              | STAT    | E PLAN       | UNDER T  | ITLE XIX | OF THE  | SOCIAL             | SECURITY | ACT     |            |
|              | State:  |              |          | G        | EORGIA  |                    |          |         |            |
| 2. <u>In</u> | fants   |              |          |          |         |                    |          |         |            |
| a.           | Mandat  | ory Gro      | up of In | fants    |         |                    |          |         |            |
|              |         | Same as      | resourc  | e level  | s in th | e State's          | approve  | d AFDC  | plan.      |
|              | <u></u> | Less re      | strictiv | e than   | the AFD | C levels           | and are  | as foll | ows:       |
|              | Fam     | ily Siz      | <u>e</u> | Reso     | urce Le | vel                |          |         |            |
|              |         | 1            |          |          |         |                    |          |         |            |
| •            |         | 2            |          |          |         |                    |          |         |            |
|              |         | 3            |          |          |         |                    |          |         |            |
|              |         | 4            |          |          |         |                    |          |         |            |
|              |         | 5            |          |          |         |                    |          |         |            |
|              |         | 6            | •        |          |         |                    |          |         |            |
|              |         | 7            |          | -        |         |                    |          |         |            |
|              | -       | 8            |          |          |         |                    |          |         |            |
|              |         | 9            |          |          |         | <del></del>        |          |         |            |
|              | -       | 10           |          |          |         | <del></del>        |          |         |            |
|              |         |              |          |          |         |                    |          |         |            |
|              |         |              |          |          |         |                    |          |         |            |

THE STATE WILL NOT IMPOSE A RESOURCE LIMIT FOR THIS GROUP.

| TN No. 91-31 |               |          |           |                     |
|--------------|---------------|----------|-----------|---------------------|
| Supersedes   | Approval Date | 12-18-91 | Effective | Date <u>10-1-91</u> |
| TN No. 89-1  |               |          |           |                     |
|              |               |          | HCFA ID:  | 7985E               |

| sion: | HCFA-PM-91-4<br>AUGUST 1991 | (BPD)         | Page        | PLEMENT 2<br>e 3<br>No.: 09 |          | CHMENT  | 2.6-A |
|-------|-----------------------------|---------------|-------------|-----------------------------|----------|---------|-------|
|       | STATE PLAN                  | UNDER TITLE 3 | CIX OF THE  | SOCIAL SE                   | CURITY 7 | ACT     |       |
|       | State:                      |               | LONGIA      |                             |          |         |       |
| b.    | Optional Grou               |               |             |                             |          |         |       |
|       | $\overline{//}$ Same as     | resource lev  | els in the  | State's                     | approved | AFDC I  | olan. |
|       | // Less re                  | strictive tha | n the AFDC  | levels a                    | nd are a | s follo | ows:  |
|       | Family Siz                  | <u>e Re</u>   | source Leve | <u>el</u>                   |          |         |       |
|       | 1                           | _             | <u> </u>    | <del></del>                 |          |         |       |
|       | 2                           | <del></del>   |             | <del>_</del>                |          |         |       |
|       | 3                           |               |             |                             |          |         |       |
|       | 4                           |               |             | <del></del>                 |          |         |       |
|       | 5                           |               |             | <del></del>                 |          |         |       |
|       | 6                           |               |             | <del></del>                 |          |         |       |
|       | 7                           |               |             | <del>_</del>                |          |         |       |
|       | 8                           | .—            |             | <del></del>                 |          |         |       |
|       | 9                           |               |             |                             |          |         |       |

| TN No. 91-31<br>Supersedes | Approval Da | ate . | 12-18-91 | Effective | Date _ | 10-1-91 |
|----------------------------|-------------|-------|----------|-----------|--------|---------|
| TN No. 89-15               |             |       |          | HCFA ID:  | 7985E  |         |

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## SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Georgia Children Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.) Same as resource levels in the State's approved AFDC plan. Less restrictive than the AFDC levels and are as follows: Family Size Resource Level 1 \_\_\_2\_\_\_ \_\_3\_\_ 4 \_\_\_5 6 8\_\_

| - AA 1A             |      |   |               |           |
|---------------------|------|---|---------------|-----------|
| TN No. 92-12        |      | T / 22 / 22                             |               |           |
| Supersedes Approval | Date | 5/20/92                                 | Effective Dat | te 4/1/92 |
| TN No. 01-31        |      | *************************************** |               |           |

| Revision: | HCFA-PM-92 -2<br>MARCH 1992 | (MB)  | SUPPLEMENT 2 TO                       | ATTACHMENT 2.6-A<br>Page 5 |
|-----------|-----------------------------|---|---------------------------------------|----------------------------|
|           |                             | JNDER TITLE XIX OF<br>Georgia                                 | THE SOCIAL SECUE                      | pit 1.2.42                 |
|           | State:                      |   |                                       | ——( <u>A</u> ) —           |
| b.        | of the Act.                 | oup of Children un<br>(Children born aft<br>6 but have not at | er September 30,                      | (a)(10)(1)(VII)            |
|           | <del></del>                 |   |                                       | approved AFDC plan.        |
|           | Less                        | restrictive than  | the AFDC levels a                     | and are as follows:        |
|           | Family Size                 |   | Resource Level                        |                            |
|           | 1                           |   |                                       |                            |
|           | 2                           |   |                                       |                            |
| •         | 3                           |   | · · · · · · · · · · · · · · · · · · · |                            |
|           | 4                           |   |                                       |                            |
|           | 5                           |   |                                       |                            |
|           | 6                           |   |                                       |                            |
|           | 7                           |   |                                       |                            |
|           | 8                           |   |                                       |                            |
|           | 9                           |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           | The state wil               | 1 not impose a re   | source limit for                      | this group.                |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
| -         |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |
|           |                             |   |                                       |                            |

TN No. 92-14
Supersedes Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_
TN No. 91-31

| TN No. 91-31            |                 |          |                |         |
|-------------------------|-----------------|----------|----------------|---------|
| Supersedes TN No. (NEW) | Approval Date _ | 12-18-91 | Effective Date | 10-1-91 |
| TN No. (NEW)            | <del>-</del> "  |          |                |         |
|                         |                 |          | HCFA ID: 79851 | E       |

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 7
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GEORGIA

## RESOURCE LEVELS (Continued)

## B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f) of the Act.

| Family Size                | Resource Level |
|----------------------------|----------------|
| 1                          | \$ 2,000.00    |
|                            | 4,000.00       |
| 3                          | 4,/00.00       |
| 4                          | 4,200.00       |
| 5                          | 4,300.00       |
| 6                          | 4,400.∞        |
| _ 7                        | 4,500.00       |
| 8                          | 4,600.00       |
| 9                          | 4,700.00       |
| _10                        | 4,800.00       |
| For each additional person | \$ 100.00      |

| TN No. 91-31<br>Supersedes | Approval Date | 12-18-91 | Effective | Date 10-1-91 |
|----------------------------|---------------|----------|-----------|--------------|
| TN No ΝΕω                  |               |          |           |              |
|                            |               |          | HCFA ID:  | 7985E        |